



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
DATAMASTER MAINTENANCE REPORT

RECEIVED  
DHS Breath Alcohol Program  
By Carol Day at 1:03 pm, Mar 03, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN <u>203050</u>	DATE OF INSPECTION <u>3-1-10</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>1000 N. BROWNVILLE, SPRINGFIELD MO 65802</u>	TIME OF INSPECTION <u>1326</u>

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE <u>1326 / 3-1-10</u>	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) <u>34°C</u>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> <u>.100%</u>	TEST 2 <input checked="" type="checkbox"/> <u>.104%</u>	TEST 3 <input checked="" type="checkbox"/> <u>.101%</u>
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)						
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)						
REFUSALS <u>4</u>	(0-.04) <u>4</u>	(.05-.09) <u>4</u>	(.10-.14) <u>4</u>	(.15-.19) <u>4</u>	(Over .19) <u>4</u>	

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

MEETS DEPARTMENT OF HEALTH STANDARDS. REPCO. 100%  
SOLUTION. LOT # 08002, EXPIRES 10-13-2010

INSPECTING OFFICER	
SIGNATURE 	PRINT NAME <u>SHAWN CLAWSON</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>820216 / 7-23-2010</u>	TELEPHONE NUMBER <u>(417) 864-1810</u>

### CERTIFICATE OF ANALYSIS


Random samples of lot number 08002 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1209 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 2% or .002 BAC ( whichever is greater).

The expiration date for this lot number is October 13, 2010 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.

  
Cecil B. Garner, President  
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SPRINGFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203050  
03/01/10  
13:26

## --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 49c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

## PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

Printed on recycled paper with agri-based inks

CMSU

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
SPRINGFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203050  
03/01/10

## TESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

PERMIT NUMBER: 820216

EXPIRATION DATE: 07/23/10

MISCELLANEOUS DATA:

CAL CHECK

## --- SUPERVISOR MODE ---

BLANK TEST	.000	14:35
INTERNAL STANDARD	VERIFIED	14:35
EXTERNAL STANDARD	.100	14:37
BLANK TEST	.000	14:38
EXTERNAL STANDARD	.104	14:40
BLANK TEST	.000	14:41
EXTERNAL STANDARD	.101	14:44
BLANK TEST	.000	14:45

N = 3

STN. = .1

RWG. = .1816

Operator Signature

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CMSU 2208-02

Face This Side Down - This Edge In First

# BAC DataMaster

## Evidence Ticket

STATE OF MISSOURI  
SPRINGFIELD POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 293050  
03/01/10

ARREST TIME: 13:00

SUBJECT NAME:

RFI/TEST

DOB: 11/11/11 SEX: M

STATE/D.L.: MO/123456789

ARRESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

TESTING OFFICER:

CLAWSON

OFFICER I.D.: 1226

PERMIT NUMBER: 820216

EXPIRATION DATE: 07/23/10

MISCELLANEOUS DATA:

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST

.000

14:53

INTERNAL STANDARD

VERIFIED

14:53

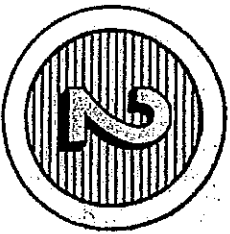
RADIO INTERFERENCE

Operator Signature

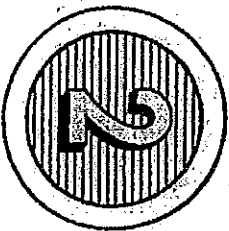
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CMSU 2208-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



SHAWN CLAWSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

07/23/08

Date

820216

Number

07/23/2010

Expires

MO 580-0771 (7-88)

*Eric C. Abel*

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (87-88)